

## HOWARD COMMUNITY COLLEGE SPRING 2016 Registration

| State   Stat                     | Social S         | ecu          | rity           | Numb             | er     |                       |        | (las    | t 4 dig     | jits) |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
|--|------------------|--------------|----------------|------------------|--------|-----------------------|--------|---------|-------------|-------|---|--------|--------|----------|------------|---------------|-----------|------------|------------|----------|------------|---------|--------------|--------|-------------|----------|
| Student's Home Address (Check here if new address   )    Number and Street   | X                | K            | X              |                  | X      | X                     |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| Student's Home Address (Check here if new address   )  | 7                | •            |                |                  | 7.     | /\                    |        |         |             |       |   | J      |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| Number and Street  | ast Nan          | ne           |                |                  | 1      |                       | ı      | ī       | <del></del> | Т     |   | 1      |        | 1        | <b>-</b> 1 | First         | Nam       | e          |            |          | _          |         | _            |        | —           | _        |
| Number and Street  |                  |              |                |                  |        |                       |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| Number and Street  |                  |              | _              |                  |        |                       |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| What is your race? Select one or more of the following categoric  County Date of Birth Gender Are you of Hispanic or Latino origin? Yes No   | Studen           | t's l        | Hom            | e Add            | ress ( | Chec                  | k her  | e if ne | w add       | iress | ⊔)  |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| What is your race? Select one or more of the following categoric  County Date of Birth Gender Are you of Hispanic or Latino origin? Yes No   |                  |              |                |                  |        |                       |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| Date of Birth  | Numbe            | r an         | d Sti          | reet             |        |                       |        |         |             |       |   |        |        |          |            |               | •         | _          |            |          |            |         |              |        | -           |          |
| M F   American Indian   Black or   White   African American   Mail-in:   Send registration form and and required for many and required for many and required for many and required for many agencies for CEU when applicable.    M F   American Indian   Black or   White Hawaiian or   Or Alaska Native   American   Mail-in:   Send registration form and and required for many and required form.   Mail-in:   Send registration form and and redit card information to the Maryland   Mail-in:   Send registration form and carded to Thouse   Mail-in:   Send registration in formation to the Maryland   Mail-in:   Send registration form and carded to Thouse   Date:   Date                     | Coun             | <b>+</b> ,   |                |                  | ato 4  | of Di                 | rth    |         |             |       |   |        |        | _        |            |               |           |            |            |          |            |         |              | g ca   | tego        | rie      |
| To see a list of ethnic origin category definitions, please visit http://www.howardcc.edu/categorydefinitions  E-Mail Address Home Phone or Cell Phone    SPRING 2016   9:00 a.m 1:30 p.m.   | Cour             | ιy           |                |                  | ate (  | OI DI                 | 1 (11  |         |             |       |   |        |        |          |            |               |           |            | _          |          | :5         |         | <u> </u>     | Wh     | ite         |          |
| To see a list of ethnic origin category definitions, please visit <a href="http://www.howardcc.edu/categorydefinitions">http://www.howardcc.edu/categorydefinitions</a> E-Mail Address  Home Phone or Cell Phone  Business Phone  SPRING 2016  9:00 a.m 1:30 p.m.  Title and Location  Tuition  3/18/16  TB Skin Test Training  Howard County Health Dept.  \$60  1871  XH 570  \$7809  4/14/16  TB Skin Test Training  Montgomery County Health Dept.  \$60  1874  XH 570  \$7811  \$5/11/16  TB Skin Test Training  Montgomery County Health Dept.  \$60  1877  XH 570  \$7813  \$5/18/16  TB Skin Test Training  Washington County Health Dept.  \$60  1877  XH 570  \$7815  WUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my esponsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendate ecords and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEUwhen applicable.  NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units.  100% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion Signature:  Date:  Date:  Date:  Tax-in: Fax your registration form and and credit card information to:  Howard Community College 10901 Little Patuwent Parkway Columbia, MD 21044-3197  Attn: Lock Box Cashier, RCF 203  |                  |              |                |                  |        |                       |        |         |             |       | ''  |        |        | _        |            |               |           |            | _          |          | า          |         | -            |        |             |          |
| To see a list of ethnic origin category definitions, please visit <a href="http://www.howardcc.edu/categorydefinitions">http://www.howardcc.edu/categorydefinitions</a> E-Mail Address  Home Phone or Cell Phone    Business Phone   |                  |              |                | Тэ               | m o    | vor                   | 16 v   | aare    | of a        | 200   |   |        |        | _        |            |               |           |            |            |          |            | or      |              |        |             |          |
| Business Phone    SPRING 2016   9:00 a.m 1:30 p.m.   |                  |              |                |                  |        |                       |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| Business Phone    Area code   Area code   Area code   Area code  |                  | •            | To s           | ee a             | ist o  | f eth                 | nic o  | rigin   | categ       | ory o | defir   | nition | s, pl  | ease     | e visi     | t <u>http</u> | ://w      | ww.        | howardo    | c.edu    | /ca        | tegory  | <u>rdefi</u> | nitio  | <u>ns</u>   |          |
| Area code  SPRING 2016  SPRING                    | :_Mail           | ۸۵           | ldro           | SE               |        |                       |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| SPRING 2016  SPRING 2016  SPRING 2016  SPRING 2016  SPRING 2016  3/18/16  TB Skin Test Training Howard County Health Dept.  \$60  \$1871  XH 570  \$7809  4/14/16  TB Skin Test Training Anne Arundel County Dept. of Health \$60  \$1874  XH 570  \$7811  \$5/11/16  TB Skin Test Training Montgomery County Health Dept.  \$60  \$1876  XH 570  \$7813  \$5/18/16  TB Skin Test Training Washington County Health Dept.  \$60  \$1876  XH 570  \$7813  \$5/18/16  TB Skin Test Training Washington County Health Dept.  \$60  \$1876  XH 570  \$7815  AUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my esponsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendate cords and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.  **NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units. 100% Attendance and completion of an evaluation form is required to receive a **Certificate of Successful Completion** Date:  **Date:**  **Date:**  Date:**  **Date:**  Date:**  **Date:**  **Date:**  **Date:**  Date:**  **Date:**  ** |                  |              |                |                  |        |                       |        |         |             |       |   |        |        |          | _          |               |           |            |            |          |            |         |              |        |             |          |
| SPRING 2016   9:00 a.m 1:30 p.m.   | lome             | Ph           | one            | or (             | Zell F | hon                   | е      | 1       | 1           |       |   |        |        | 1        | Bus        | sines         | s Ph      | one        |            |          | _          |         | <del></del>  |        |             | _        |
| SPRING 2016   9:00 a.m 1:30 p.m.   |                  |              |                |                  |        |                       |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| Date   Title and Location   Tuition   Syn.   Course   Section  | rea co           | de           |                |                  |        |                       |        |         |             |       |   |        |        | Į        | are        | a code        | <u></u>   |            |            |          |            |         |              |        |             | <u> </u> |
| Date   Title and Location   Tuition   Syn.   Course   Section  |                  |              |                |                  |        |                       |        |         |             |       | CDD   | TNC    | 201    | <u> </u> | 0.4        | 20 -          |           | 1.2        | 0          |          |            |         |              |        |             |          |
| 3/18/16 TB Skin Test Training Howard County Health Dept. \$60 1871 XH 570 \$7809  4/14/16 TB Skin Test Training Anne Arundel County Dept. of Health \$60 1874 XH 570 \$7811  5/11/16 TB Skin Test Training Montgomery County Health Dept. \$60 1876 XH 570 \$7813  5/18/16 TB Skin Test Training Washington County Health Dept. \$60 1877 XH 570 \$7815  MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my esponsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendance ecords and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.  NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units.  100% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion and credit card information to:  Howard Community College 10901 Little Patuxent Parkway Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203  | <u>.</u> /□      | 1            | Dai            | to.              | I      |                       |        |         |             |       |   |        |        |          | 9.0        | JU a.         | · · · · · | 1:3        |            | C.       |            | Cour    | .co T        | Soc    | tion        | 7        |
| 4/14/16 TB Skin Test Training Anne Arundel County Dept. of Health \$60 1874 XH 570 \$7811  5/11/16 TB Skin Test Training Montgomery County Health Dept. \$60 1876 XH 570 \$7813  5/18/16 TB Skin Test Training Washington County Health Dept. \$60 1877 XH 570 \$7815  MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my esponsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attenda ecords and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.  NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units. 100% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion is included and credit card information to:    Mail-in:   Send registration form and and credit card information to: Howard Community College 10901 Little Patuxent Parkway   Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203  | <u> </u>         |              | Da             | <u>.e</u>        | ļ      |                       |        |         |             | TILLE | ue and Location   |        |        |          |            |               | Tulcion   | Syn.       |            | Course   |            | Section |              | 4      |             |          |
| 5/11/16   TB Skin Test Training   Montgomery County Health Dept.   \$60   1876   XH 570   S7813     5/18/16   TB Skin Test Training   Washington County Health Dept.   \$60   1877   XH 570   S7815     MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my esponsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attenda ecords and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.    NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units.     100% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion     Signature:  |                  | 3/18/16      |                |                  | ТВ     | TB Skin Test Training |        |         |             |       | Howard County Health Dept.                                |        |        |          |            |               |           |            | \$60       | 187      | 1          | XH 570  |              | S7809  |             |          |
| 5/11/16   TB Skin Test Training   Montgomery County Health Dept.   \$60   1876   XH 570   S7813     5/18/16   TB Skin Test Training   Washington County Health Dept.   \$60   1877   XH 570   S7815     MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my esponsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendate ecords and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.  NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units. L00% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion of the Signature:    Date:  |                  | _            |                | _                |        |                       |        | _       | _           |       |   | _      |        |          |            | _             |           |            |            |          |            |         |              |        |             | -        |
| S/18/16   TB Skin Test Training   Washington County Health Dept.   \$60   1877   XH 570   S7815  |                  | 4            | l/14           | /16              | ТВ     | Skin                  | Test   | Trai    | ning        | An    | ne A  | rund   | el Co  | ount     | y De       | pt. of        | Heal      | lth        | \$60       | 187      | <b>'</b> 4 | XH 5    | 70           | S7     | <b>'811</b> |          |
| 5/18/16 TB Skin Test Training Washington County Health Dept. \$60 1877 XH 570 S7815  MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendance and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.  NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units. 100% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion  Signature:   |                  |              | :/11           | /16              | TR     | Skin                  | Tost   | Trair   | nina        | Mo    | nta   | omer   | v Co   | unt      | , Hoa      | lth D         | ant       |            | \$60       | 187      | 16         | YH 5    | 70           | S7     | /Q13        | 1        |
| MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendance records and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.  NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units.  100% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion Signature:  Date:  Fax-in: Fax your registration form and and credit card information to:  Howard Community College  10901 Little Patuxent Parkway  Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203   |                  | `            | ,, 11          | , 10             | ''     | SKIII                 | iest   | IIaii   | iiiig       | 1410  | iitg  | oniei  | y Co   | uncy     | Tica       |               | ept.      |            | \$00       | 107      | U          | XII J   | ′            | 3,     | 013         |          |
| MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendance and registration information to the Maryland Department of Health and Mental Hygiene, or to credentialing agencies for CEU when applicable.  NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units. L00% Attendance and completion of an evaluation form is required to receive a Certificate of Successful Completion Signature:  Date:  Fax-in: Fax your registration form and and credit card information to:  Howard Community College 10901 Little Patuxent Parkway Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203  |                  | 5            | 5/18           | /16              | ТВ     | Skin                  | Test   | Trai    | nina        | Wa    | shir  | naton  | . Cou  | ıntv     | Heal       | th De         | pt.       |            | \$60       | 187      | 7          | XH 5    | 70           | S7     | <b>7815</b> | 1        |
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| Fax-in: Fax your registration form and and credit card information to:  Mail-in: Howard Community College 10901 Little Patuxent Parkway Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203  | espons<br>ecords | ibili<br>anc | ty to<br>I reg | notif<br>istrati | y the  | Reco                  | rds Of | fice o  | f any       | chang | ges ir  | n the  | inforr | matio    | on cor     | ntaine        | d in th   | nis re     | gistration | . I autl | hori       | ze the  | relea        | ise of | atter       |          |
| Fax-in: Fax your registration form and and credit card information to:  443-518-4333  Mail-in: Send registration form and check to: Howard Community College 10901 Little Patuxent Parkway Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203   |                  |              |                |                  |        |                       |        |         |             |       |   |        |        |          |            |               |           |            |            |          |            |         |              | Comp   | pleti       | on       |
| and credit card information to:  Howard Community College 10901 Little Patuxent Parkway Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203  | Signat           | ure          | e: _           |                  |        |                       |        |         |             |       |   |        |        |          |            |               |           |            | Date       | :        |            |         |              |        |             |          |
|  | Fax-             | in:          | an             | d cr             | edit ( | card                  | info   |         |             | _     | Howard Community College<br>10901 Little Patuxent Parkway |        |        |          |            |               |           |            |            |          |            |         |              |        |             |          |
| ATTN: MIKE DOWER Please include student's address and phone number on check.   |                  |              |                |                  |        |                       |        |         |             |       | D/^-  | .co i- |        |          |            |               |           |            |            |          |            |         |              |        | JF 2(       | IJ       |
|  |                  |              | At             | tn:              | MIKE   | e Do                  | wer    |         |             |       | riea  | ise II | ICIU   | ue S     | LUGE       | IIE S         | auai      | <i>ess</i> | ana pho    | nie πl   | uM.        | ver ol  | ı CN         | eck.   |             |          |
| OR FAX-IN ( <i>circle one credit card):</i>  | /ISA/            |              |                |                  |        |                       |        |         |             | Fynr  | ec.   |        |        |          |            |               |           |            | Evn        | . Date   |            |         |              |        |             |          |

Cardholder's Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_